

CANDIDATE'S SPECIAL REPORT

(to be filed by a candidate or his principal campaign committee)

This form is filed during the 20 day period immediately preceding an election to report (1) all receipts from a single source in excess of \$200 from any person who is required to file campaign finance disclosure reports, and/or (2) any payments exceeding \$200 to any person who endorses or supports a candidate by "any other" office candidates who are required to file, and/or (3) any payments exceeding \$200 to any person who endorses or supports a candidate who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report a transaction on this form within 48 hours of the time the transaction occurred.

Mail to: CAMPAIGN FINANCE, Post Office Box 4368, Baton Rouge, LA 70821

1. Qualifying Name and Address of Candidate

Armand "Noonie" Autin
P.O. Box 583
Lockport, LA
70374

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Council Member
District 7
Lafourche Parish

OFFICE USE ONLY

10/15
Spec
10/17

3. Name and address of principal campaign committee

(Applicable only if candidate has a principal campaign committee)

4. Date of Election

October 24, 2015

Primary

☒

General

☐

(Check one)

5. a. Name of Person Preparing Report

Armand Autin

b. Daytime Telephone

985-532-2541 Ext. 15

6. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that are required to be disclosed have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 16TH day of October, 2015.

Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)

Signature of Treasurer

985-532-2541 Ext. 15

Daytime Telephone Number

985-532-2541 Ext. 15

Daytime Telephone Number



15008215

2015 OCT 20 AM 11:17

RECEIVED

SCHEDULE A: CONTRIBUTIONS (Including In-Kind Contributions)

ANY OTHER OFFICE CANDIDATES: The following information must be reported for all contributions and in-kind contributions exceeding \$250 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

1. Name and Address of Contributor (& description if in-kind)	2. Contributions this Reporting Period		3. Valuation if In-Kind
	a. Date(s)	b. Amount(s)	
Valentine Chemicals 129 Valentine Drive Lockport, LA 70374	10/16/15	\$1000	

SCHEDULE B: LOANS RECEIVED

ANY OTHER OFFICE CANDIDATES: The following information must be reported for all loans of more than \$250 received during the last 20 days before the primary election, as well as those received in the last 20 days before the general election if the candidate participates in the general election.

1. Name and address of lender

Armand Autin (self)
P.O. Box 583
Lockport, LA 70374

2.

a. Date 10/16/15 b. Interest rate 0.00 %(a.p.r.)
c. Amount borrowed..... \$ 1500.00
d. Balance due. \$ 1500.00

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)

1. Name and address of lender

2.

a. Date _____ b. Interest rate _____ %(a.p.r.)
c. Amount borrowed..... \$ _____
d. Balance due. \$ _____

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)

1. Name and address of lender

2.

a. Date _____ b. Interest rate _____ %(a.p.r.)
c. Amount borrowed..... \$ _____
d. Balance due. \$ _____

3. Endorsers/Guarantors (Enter the full name and address of each person or entity that has endorsed, guaranteed or otherwise secured the loan or line of credit. Additionally, state the amount of liability for any endorser or guarantor whose liability is less than the entire amount borrowed.)